

*Note: This is not an official police report. To fill out a police report, please visit Police Headquarters at 218 Cleveland Avenue SW in downtown Canton. Thank you!

Crime Information Report

Received: Month _____ Day _____ Year _____ Time _____

Complainant Information

Complainant's full name: _____

Home Phone: _____ Business Phone: _____ Cellular Phone: _____

Can we contact you: Yes No Best time of day to reach you: _____

Crime Information

Type of Crime: _____

Drug Sales

Alleged Drug House address: _____

Alleged Drug House is: Single Family Home Apartment Duplex Traffic type: foot vehicle

Description/color of house: _____

If dwelling is an apartment or duplex, is the unit in question: up & down side by side

Time of most activity: Morning Afternoon Evening Night

Name of building owner or resident: _____ How long at residence _____

Suspect Information

Legal Name	Nickname/Street name	Age	Race	Gender	Hair Color	Eye Color	Weight
1							
2							
3							
4							

Vehicle Information

License Plate No.	Make	Model	Color	Miscellaneous
1				
2				
3				
4				

Comments and Additional Information

(Include location of any weapons if known, and location of any dogs)